



Docket No.: 1247-0862-6E

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN REPLY APPLICATION OF: Remy BADIN, et al.

GAU: 3727

SERIAL NO: 09/534,973

EXAMINER: CRONIN, S

CPA FILED: February 25, 2002

FOR: HOLLOW GLASS PRODUCT WITH OFFSET COLLAR AXIS AND PROCESS OF MANUFACTURING THE SAME

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

SIR:

This is a request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application.

Submission required under 37 C.F.R. §1.114

Previously Submitted:

- ☒ Consider the amendment(s)/reply under 37 C.F.R. §1.116 previously filed on October 17, 2002
- ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on

Enclosed:

- ☐ Amendment/Reply
- ☐ Information Disclosure Statement (IDS)
- ☒ Other: Request for Extension of Time (1 month)

RECEIVED

DEC - 4 2002

TECHNOLOGY CENTER R3700

FEES	RATE	CALCULATIONS
<input type="checkbox"/> Suspension of action on the above-identified application is requested under 37 C.F.R. §1.103(c) for a period of months.	\$130.00	\$0.00
<input checked="" type="checkbox"/> RCE Fee required under 37 C.F.R. §1.17(e)	\$740.00	\$740.00
<input checked="" type="checkbox"/> A ONE MONTH EXTENSION OF TIME IS REQUESTED		\$110.00
<input type="checkbox"/>		\$0.00
TOTAL OF ABOVE CALCULATIONS:		\$850.00
<input type="checkbox"/> REDUCTION BY 50% FOR FILING AS SMALL ENTITY		\$0.00
TOTAL:		\$850.00

- ☒ A check in the amount of **\$850.00** is enclosed
- ☒ Please charge any additional Fees for the papers being filed herewith and for which no check is enclosed herewith, or credit any overpayment to Deposit Account No. 15-0030. A duplicate copy of this sheet is enclosed.
- ☒ If these papers are not considered timely filed by the Patent and Trademark Office, then a petition is hereby made under 37 CFR 1.136, and any additional fees required under 37 CFR 1.136 for any necessary extension of time may be charged to Deposit Account No. 15-0030. A duplicate of this sheet is enclosed.

12/02/2002 JADD01 00000055 09534973

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Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND,
MAIER & NEUSTADT, P.C.

Gregory J. Maier
Registration No. 25,599

Robert T. Pous
Registration No. 29,099

James D. Hamilton
Registration No. 28,421



22850

Customer Number 22850
Tel. (703) 413-3000
Fax. (703) 413-2220
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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

09/534,973

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	12 minus 20 = *	
INDEPENDENT CLAIMS	3 minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

SMALL ENTITY TYPE ☐ OR

OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$ 9=		OR	X\$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

Th "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.